



K A N S A S

PAMELA JOHNSON-BETTS, SECRETARY

DEPARTMENT ON AGING

KATHLEEN SEBELIUS, GOVERNOR

STATE OF KANSAS CREDIT CARD ACCEPTANCE PROGRAM

CREDIT CARD INFORMATION

Payment Type: (Please select one from the list below)

American Express _____
Discover Card / Novus _____
MasterCard _____
VISA _____

Payment Amount: _____

Account Number: _____

Expiration Date: ____ / ____

Name as it appears on the card: _____

Mailing Address: _____

City / State / Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Cardholder's Signature: _____

Date

Rev. 03/04